## **Summary Report**

All Health Departments Cycle 5
Cycle 5 2012-2014

**Reviewers**Courtney Adams, Sherry Brabon, Orlene Christie, Kristie Ferris, Lisa Huckleberry, Randy Krause, Valarie Newton, Courtney Pendleton, Matt Richardson, Dianna Rigato, Becky Shockley, Judy

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Availability and Input Received					
# of Staff on CAAG	-		CSS Analyst Input		30/42
# Staff Attending	- CSS Tech Input		2/3		
Family Center Report	21/25		Insurance Premium	•	24/24
FSRs	25/33		Reimbursement & I	Resolution Input	10/11
Local Health Services Data	9/13		CSN Fund Input		20/29
Post-Visit					
Indicator Status				Recommend-	
		Ni mahan af Nash	North an of Not		
		Number of Met	Number of Not	ations of	6 1 1 5 111
Measures	Number of Met	with Conditions	Met	Improvement	Special Recognition
Indicators	1204	166	69 5.430/	377	139
Indicator Percentages The Indicators with the Most Met	94.58%	13.04%	5.42%	29.62%	-
Indicator	with Conditions St	atus	Indicator Definitio	n	
Indicator	Indicator Definition				
	LHD CSHCS shall have a shared, comprehensive client record for CSHCS enrollees that reflects				rollees that reflects
	communication among the staff and includes dates and staff identifier.				
2.3 (15 LHDs)	Com	manication among	ine stan and melade	5 dates and stain it	critiner.
	The LHD CSHC	S program shall pro	vide Level I and Leve	el II care coordinati	ion and make case
6.7 (15 LHDs)	management available to CSHCS families as needed, according to current CSHCS policies and procedures.				
0.7 (13 1/103)			p. 000 a.a. 001		
	LHD CSHCS shall h	ave written policies	and procedures in a	accordance with C	SHCS published policy
3.2 (14 LHDs)	that are reviewed annually and updated as needed regarding local CSHCS program functions.				
4.2 (14 LHDs)	LHD CSHCS :	shall refer CYSHCN a	and CSHCS clients to	other needed serv	vices/programs.
The Indicators with the Most Not	Met Status				
Indicator	Indicator Definition				
	LUD COLLOG I III	911 1911	1 1 1		
0.0 (40.1115.)	LHD CSHCS shall have written policies and procedures in accordance with CSHCS published policy that are reviewed annually and updated as needed regarding local CSHCS program functions.				
3.2 (12 LHDs)	that are reviewe	ed annually and upo	lated as needed rega	arding local CSHCS	program functions.
	LUD CCLICC aball a	-fll f:l: +- +	h - CCLICC Fil C	atau fau Childuau a	ا منا المال مال المال المال
	LHD CSHCS shall refer all families to the CSHCS Family Center for Children and Youth with Specia Health Care Needs (Family Center). All written documents sent to families from the LHD shall				
4.4/0.1115.)		, , ,			
4.4 (8 LHDs)				•	v.michigan.gov/cshcs).
			ect participation of t		1 0
3.3 (7 LHDs)	development, evaluation and policy formation, at least annually.				
The Indicators with the Most Rec	ommendations for	Improvement			
Indicator			Indicator Definitio	n	
	The LHD CSHC	S program shall pro	vide Level I and Leve	el II care coordinati	ion and make case
	The LHD CSHCS program shall provide Level I and Level II care coordination and make case management available to CSHCS families as needed, according to current CSHCS policies and				
6 7 (24 LUDe)	procedures.				
6.7 (34 LHDs)			procedures.		
	LHD CSHCS shall h	ave written nolicies	and procedures in a	accordance with C	SHCS published policy
3.2 (33 LHDs)			lated as needed rega		
5.2 (55 E1165)	that are reviewe	sa armaany ana apo	aced as needed rego	aranig local cortes	program functions.

4.4 (30 LHDs)	LHD CSHCS shall refer all families to the CSHCS Family Center for Children and Youth with Special Health Care Needs (Family Center). All written documents sent to families from the LHD shall contain the Family Phone Line toll-free number and the CSHCS website (www.michigan.gov/cshcs).			
The Indicators with the Most Special Recognitions Indicator Definition				
indicator	mulcator Definition			
4.1 (24 LHDs)	LHD CSHCS shall routinely conduct outreach/case finding and program representation which includes, but is not limited to, the provision of information regarding CSHCS policy on diagnostic referrals, program eligibility, and covered services, to families, local hospitals, providers, the community and other agencies.			
	LHD CSHCS shall facilitate the direct participation of families in the local CSHCS program			
3.3 (13 LHDs)	development, evaluation and policy formation, at least annually.			
Recommendations for Improvement Training				
Care Coordination and Case Management				
Transition				
Funding Structures				
Medicaid Outreach				
Policies and Procedures				
Family Center & Family Centeredness				
Family Outreach (Gathering/Implementing Family Input, Case Representation within the Community)				
Health Equity				